



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2014
OF THE CONDITION AND AFFAIRS OF THE

WellCare Health Insurance Company of Kentucky, Inc.

NAIC Group Code01199, 01199NAIC Company Code64467Employer's ID Number36-6069295

(Current Period)(Prior Period)

Organized under the Laws ofKentucky, State of Domicile or Port of EntryKentucky

Country of DomicileUnited States

Licensed as business type: Life, Accident & Health [X]Property/Casualty []Hospital, Medical & Dental Service or Indemnity []

Dental Service Corporation []Vision Service Corporation []Health Maintenance Organization []

Other []Is HMO, Federally Qualified? Yes [] No []

Incorporated/Organized03/27/1962Commenced Business08/31/1962

Statutory Home Office13551 Triton Park Blvd, Suite 1800, Louisville, KY, US 40223

(Street and Number)(City or Town, State, Country and Zip Code)

Main Administrative Office8735 Henderson Road

(Street and Number)

Tampa, FL, US 33634813-290-6200

(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Mail AddressP.O. Box 31391, Tampa, FL, US 33631-3391

(Street and Number or P.O. Box)(City or Town, State, Country and Zip Code)

Primary Location of Books and Records8735 Henderson Road

(Street and Number)

Tampa, FL, US 33634813-290-6200

(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number) (Extension)

Internet Web Site Addresswww.wellcare.com

Statutory Statement ContactMike Wasik, 813-206-2725

(Name)(Area Code) (Telephone Number) (Extension)

michael.wasik@wellcare.com813-675-2899

(E-Mail Address)(Fax Number)

OFFICERS

Name	Title	Name	Title
Kenneth Alan Burdick #	President	Andrew Lynn Asher #	CFO and Treasurer
Blair Williams Todt #	Secretary and Senior Vice President	Maurice Sebastian Hebert	Asst Treasurer and Chief Accounting Officer

OTHER OFFICERS

Kelly Ann Munson	Region President		

DIRECTORS OR TRUSTEES

Andrew Lynn Asher #	Maurice Sebastian Hebert	Blair Williams Todt #	Kenneth Alan Burdick #

State ofFlorida
County ofHillsborough

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The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Kenneth Alan Burdick
President

Andrew Lynn Asher
CFO and Treasurer

Maurice Sebastian Hebert
Asst Treasurer and Chief Accounting Officer

Subscribed and sworn to before me this
day of,

a. Is this an original filing?Yes [X] No []

b. If no:

1. State the amendment number

2. Date filed

3. Number of pages attached

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

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EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivables	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1	2	3	4	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	On Amounts Accrued Prior to January 1 of Current Year	On Claims Accrued During the Year	On Amounts Accrued December 31 of Prior Year	On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables	14,371,373	21,421,076	22,140	31,911,280	14,393,513	14,049,886
2. Claim overpayment receivables				4,783,149	.0	
3. Loans and advances to providers .....					.0	
4. Capitation arrangement receivables .....					.0	
5. Risk sharing receivables .....					.0	
6. Other health care receivables .....					.0	
7. Totals (Lines 1 through 6)	14,371,373	21,421,076	22,140	36,694,429	14,393,513	14,049,886

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

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EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

NONE

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1	2	3	4	5	6
	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	NONE					
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	0	0	0	0	0	0



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. 2. (LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Alabama		DURING THE YEAR 2014				NAIC Company Code	64467	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	13,011									13,011
2 First Quarter	19,027									19,027
3 Second Quarter	20,061									20,061
4. Third Quarter	21,275									21,275
5. Current Year	22,025									22,025
6 Current Year Member Months	243,177									243,177
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	17,470,245									17,470,245
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	17,470,245									17,470,245
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	16,649,877									16,649,877
18. Amount Incurred for Provision of Health Care Services	14,947,920									14,947,920

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$17,470,245



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. 2. (LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Alaska		DURING THE YEAR 2014				NAIC Company Code		64467
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. 2. (LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Arizona		DURING THE YEAR 2014				NAIC Company Code		64467
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. 2. (LOCATION)

NAIC Group Code		01199		BUSINESS IN THE STATE OF Arkansas		DURING THE YEAR 2014					NAIC Company Code		64467	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10			
			2	3										
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other			
Total Members at end of:														
1. Prior Year		16,914									16,914			
2 First Quarter		25,610									25,610			
3 Second Quarter		26,303									26,303			
4. Third Quarter		27,131									27,131			
5. Current Year		27,632									27,632			
6 Current Year Member Months		317,111									317,111			
Total Member Ambulatory Encounters for Year:														
7. Physician		0												
8. Non-Physician		0												
9. Total		0	0	0	0	0	0	0	0	0	0			
10. Hospital Patient Days Incurred		0												
11. Number of Inpatient Admissions		0												
12. Health Premiums Written (b).....		19,599,565									19,599,565			
13. Life Premiums Direct.....		0												
14. Property/Casualty Premiums Written.....		0												
15. Health Premiums Earned.....		19,599,565									19,599,565			
16. Property/Casualty Premiums Earned.....		0												
17. Amount Paid for Provision of Health Care Services		18,205,347									18,205,347			
18. Amount Incurred for Provision of Health Care Services		16,344,389									16,344,389			

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$19,599,565



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. 2. (LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF California		DURING THE YEAR 2014				NAIC Company Code		64467
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. 2. (LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Colorado		DURING THE YEAR 2014				NAIC Company Code	64467	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	7,845									7,845
2 First Quarter	12,074									12,074
3 Second Quarter	13,391									13,391
4. Third Quarter	14,454									14,454
5. Current Year	14,701									14,701
6 Current Year Member Months	160,584									160,584
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	12,281,658									12,281,658
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	12,281,658									12,281,658
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	12,317,004									12,317,004
18. Amount Incurred for Provision of Health Care Services	11,057,955									11,057,955

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 12,281,658



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. 2. (LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Connecticut		DURING THE YEAR 2014				NAIC Company Code		64467
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	13,819									13,819
2. First Quarter	15,428									15,428
3. Second Quarter	15,716									15,716
4. Third Quarter	15,997									15,997
5. Current Year	16,116									16,116
6. Current Year Member Months	188,825									188,825
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	14,449,517									14,449,517
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	14,449,517									14,449,517
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	13,813,274									13,813,274
18. Amount Incurred for Provision of Health Care Services	12,401,276									12,401,276

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$14,449,517



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. 2. (LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Delaware		DURING THE YEAR 2014				NAIC Company Code		64467
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. 2. (LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF District of Columbia		DURING THE YEAR 2014				NAIC Company Code		64467
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. 2. (LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Georgia		DURING THE YEAR 2014				NAIC Company Code		64467
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. 2. (LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Hawaii		DURING THE YEAR 2014				NAIC Company Code		64467
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. 2. (LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Idaho		DURING THE YEAR 2014				NAIC Company Code		64467	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
			2	3							
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:											
1. Prior Year		0									
2 First Quarter		0									
3 Second Quarter		0									
4. Third Quarter		0									
5. Current Year		0									
6 Current Year Member Months		0									
Total Member Ambulatory Encounters for Year:											
7. Physician		0									
8. Non-Physician		0									
9. Total		0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred		0									
11. Number of Inpatient Admissions		0									
12. Health Premiums Written (b).....		0									
13. Life Premiums Direct.....		0									
14. Property/Casualty Premiums Written.....		0									
15. Health Premiums Earned.....		0									
16. Property/Casualty Premiums Earned.....		0									
17. Amount Paid for Provision of Health Care Services		0									
18. Amount Incurred for Provision of Health Care Services		0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. 2. (LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Illinois		DURING THE YEAR 2014				NAIC Company Code		64467
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. 2. (LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Indiana		DURING THE YEAR 2014				NAIC Company Code		64467
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. 2. (LOCATION)

NAIC Group Code		01199		BUSINESS IN THE STATE OF Iowa		DURING THE YEAR 2014					NAIC Company Code		64467								
				1		Comprehensive (Hospital & Medical)		4		5		6		7		8		9		10	
						2	3														
				Total		Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other							
Total Members at end of:																					
1. Prior Year				0																	
2. First Quarter				0																	
3. Second Quarter				0																	
4. Third Quarter				0																	
5. Current Year				0																	
6. Current Year Member Months				0																	
Total Member Ambulatory Encounters for Year:																					
7. Physician				0																	
8. Non-Physician				0																	
9. Total				0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred				0																	
11. Number of Inpatient Admissions				0																	
12. Health Premiums Written (b).....				0																	
13. Life Premiums Direct.....				0																	
14. Property/Casualty Premiums Written.....				0																	
15. Health Premiums Earned.....				0																	
16. Property/Casualty Premiums Earned.....				0																	
17. Amount Paid for Provision of Health Care Services				0																	
18. Amount Incurred for Provision of Health Care Services				0																	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. 2. (LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Kansas		DURING THE YEAR 2014				NAIC Company Code		64467
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0

30.KS



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. 2. (LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Kentucky		DURING THE YEAR 2014				NAIC Company Code		64467
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	294,858	31,753						2,751	260,354	
2 First Quarter	375,845	30,701						3,733	341,411	
3 Second Quarter	396,032	21,458						4,319	370,255	
4. Third Quarter	412,930	12,405						4,725	395,800	
5. Current Year	425,376	7,335						5,209	412,832	
6 Current Year Member Months	4,731,385	241,097						52,181	4,438,107	
Total Member Ambulatory Encounters for Year:										
7. Physician	2,694,267	31,793						52,754	2,609,720	
8. Non-Physician	1,768,793	39,149						17,949	1,711,695	
9. Total	4,463,060	70,942	0	0	0	0	0	70,703	4,321,415	0
10. Hospital Patient Days Incurred	337,822	20,116						14,199	303,507	
11. Number of Inpatient Admissions	66,372	1,713						1,904	62,755	
12. Health Premiums Written (b).....	2,337,296,897	91,345,596						46,965,128	2,198,986,173	
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	2,337,296,897	91,345,596						46,965,128	2,198,986,173	
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	1,851,619,505	92,960,683						39,792,606	1,718,866,216	
18. Amount Incurred for Provision of Health Care Services	1,991,437,358	88,888,348						42,635,376	1,859,913,634	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$46,965,128



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. 2. (LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Louisiana		DURING THE YEAR 2014				NAIC Company Code		64467
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. 2. (LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Maryland		DURING THE YEAR 2014				NAIC Company Code		64467
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. 2. (LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Massachusetts		DURING THE YEAR 2014				NAIC Company Code		64467
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. 2. (LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Minnesota			DURING THE YEAR 2014				NAIC Company Code		64467
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		2	3								
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	4,490									4,490	
2 First Quarter	10,524									10,524	
3 Second Quarter	11,482									11,482	
4. Third Quarter	12,187									12,187	
5. Current Year	12,447									12,447	
6 Current Year Member Months	137,229									137,229	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	10,089,356									10,089,356	
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	10,089,356									10,089,356	
16. Property/Casualty Premiums Earned.....	0										
17. Amount Paid for Provision of Health Care Services	9,750,142									9,750,142	
18. Amount Incurred for Provision of Health Care Services	8,753,478									8,753,478	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$10,089,356

30.MN



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. 2. (LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Mississippi		DURING THE YEAR 2014				NAIC Company Code		64467
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. 2. (LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Missouri		DURING THE YEAR 2014				NAIC Company Code		64467
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. 2. (LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Montana		DURING THE YEAR 2014				NAIC Company Code	64467	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1,852									1,852
2 First Quarter	3,788									3,788
3 Second Quarter	4,070									4,070
4. Third Quarter	4,293									4,293
5. Current Year	4,381									4,381
6 Current Year Member Months	48,835									48,835
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	3,332,288									3,332,288
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	3,332,288									3,332,288
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	3,223,509									3,223,509
18. Amount Incurred for Provision of Health Care Services	2,894,001									2,894,001

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 3,332,288



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. 2. (LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Nebraska		DURING THE YEAR 2014				NAIC Company Code		64467
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. 2. (LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Nevada		DURING THE YEAR 2014				NAIC Company Code		64467
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. 2. (LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF New Jersey		DURING THE YEAR 2014				NAIC Company Code		64467
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. 2. (LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF New Mexico		DURING THE YEAR 2014				NAIC Company Code		64467
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. 2. (LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF North Dakota		DURING THE YEAR 2014				NAIC Company Code		64467
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. 2. (LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Ohio		DURING THE YEAR 2014				NAIC Company Code		64467
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. 2. (LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Oklahoma		DURING THE YEAR 2014				NAIC Company Code		64467
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0

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ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. 2. (LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Oregon		DURING THE YEAR 2014				NAIC Company Code		64467
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. 2. (LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Pennsylvania		DURING THE YEAR 2014				NAIC Company Code		64467
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. 2. (LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Rhode Island				DURING THE YEAR 2014				NAIC Company Code		64467
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year		5,758									5,758	
2. First Quarter		6,702									6,702	
3. Second Quarter		6,869									6,869	
4. Third Quarter		7,032									7,032	
5. Current Year		7,728									7,728	
6. Current Year Member Months		84,367									84,367	
Total Member Ambulatory Encounters for Year:												
7. Physician		0										
8. Non-Physician		0										
9. Total		0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred		0										
11. Number of Inpatient Admissions		0										
12. Health Premiums Written (b).....		6,158,532									6,158,532	
13. Life Premiums Direct.....		0										
14. Property/Casualty Premiums Written.....		0										
15. Health Premiums Earned.....		6,158,532									6,158,532	
16. Property/Casualty Premiums Earned.....		0										
17. Amount Paid for Provision of Health Care Services		5,863,417									5,863,417	
18. Amount Incurred for Provision of Health Care Services		5,264,056									5,264,056	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 6,158,532



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. 2. (LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF South Carolina		DURING THE YEAR 2014				NAIC Company Code		64467
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. 2. (LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF South Dakota		DURING THE YEAR 2014				NAIC Company Code		64467	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
			2	3							
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:											
1. Prior Year		0									
2 First Quarter		0									
3 Second Quarter		0									
4. Third Quarter		0									
5. Current Year		0									
6 Current Year Member Months		0									
Total Member Ambulatory Encounters for Year:											
7. Physician		0									
8. Non-Physician		0									
9. Total		0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred		0									
11. Number of Inpatient Admissions		0									
12. Health Premiums Written (b).....		0									
13. Life Premiums Direct.....		0									
14. Property/Casualty Premiums Written.....		0									
15. Health Premiums Earned.....		0									
16. Property/Casualty Premiums Earned.....		0									
17. Amount Paid for Provision of Health Care Services		0									
18. Amount Incurred for Provision of Health Care Services		0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0

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ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. 2. (LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Tennessee		DURING THE YEAR 2014				NAIC Company Code		64467
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. 2. (LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Utah		DURING THE YEAR 2014				NAIC Company Code		64467
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. 2. (LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Virginia		DURING THE YEAR 2014				NAIC Company Code		64467
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. 2. (LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Washington		DURING THE YEAR 2014				NAIC Company Code		64467
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. 2. (LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF West Virginia		DURING THE YEAR 2014				NAIC Company Code		64467
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. 2. (LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Wisconsin		DURING THE YEAR 2014				NAIC Company Code		64467
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. 2. (LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Wyoming		DURING THE YEAR 2014				NAIC Company Code		64467
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. 2. (LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Consolidated			DURING THE YEAR 2014			NAIC Company Code		64467
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	358,547	31,753	0	0	0	0	0	2,751	260,354	63,689
2 First Quarter	468,998	30,701	0	0	0	0	0	3,733	341,411	93,153
3 Second Quarter	493,924	21,458	0	0	0	0	0	4,319	370,255	97,892
4. Third Quarter	515,299	12,405	0	0	0	0	0	4,725	395,800	102,369
5. Current Year	530,406	7,335	0	0	0	0	0	5,209	412,832	105,030
6 Current Year Member Months	5,911,513	241,097	0	0	0	0	0	52,181	4,438,107	1,180,128
Total Member Ambulatory Encounters for Year:										
7. Physician	2,694,267	31,793	0	0	0	0	0	52,754	2,609,720	0
8. Non-Physician	1,768,793	39,149	0	0	0	0	0	17,949	1,711,695	0
9. Total	4,463,060	70,942	0	0	0	0	0	70,703	4,321,415	0
10. Hospital Patient Days Incurred	337,822	20,116	0	0	0	0	0	14,199	303,507	0
11. Number of Inpatient Admissions	66,372	1,713	0	0	0	0	0	1,904	62,755	0
12. Health Premiums Written (b).....	2,420,678,058	91,345,596	0	0	0	0	0	46,965,128	2,198,986,173	83,381,161
13. Life Premiums Direct.....	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written.....	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned.....	2,420,678,058	91,345,596	0	0	0	0	0	46,965,128	2,198,986,173	83,381,161
16. Property/Casualty Premiums Earned.....	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	1,931,442,075	92,960,683	0	0	0	0	0	39,792,606	1,718,866,216	79,822,570
18. Amount Incurred for Provision of Health Care Services	2,063,100,433	88,888,348	0	0	0	0	0	42,635,376	1,859,913,634	71,663,075

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$130,346,289

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SCHEDULE S - PART 1 - SECTION 2

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare Health Insurance Company of Kentucky, Inc.

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

[illegible]

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Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

SCHEDULE S – PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2014	2 2013	3 2012	4 2011	5 2010
A. OPERATIONS ITEMS					
1. Premiums.....	1,210	.831	5,589	52	.0
2. Title XVIII-Medicare.....	.30	.11	.0	.0	.0
3. Title XIX-Medicaid.....	1,827	1,032	36,978	53	.0
4. Commissions and reinsurance expense allowance.....		.0	.0	.0	.0
5. Total hospital and medical expenses.....		.0	.0	.0	.0
B. BALANCE SHEET ITEMS					
6. Premiums receivable .....		.0	.0	.0	.0
7. Claims payable.....		.0	.0	.0	.0
8. Reinsurance recoverable on paid losses.....	2,156	2,199	8,580	.0	.0
9. Experience rating refunds due or unpaid.....		.0	.0	.0	.0
10. Commissions and reinsurance expense allowances due.....		.0	.0	.0	.0
11. Unauthorized reinsurance offset.....	.0	.0	.0	.0	.0
12. Offset for reinsurance with Certified Reinsurers.....	.0	.0	.0	.XXX	.XXX
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....	.0	.0	.0	.0	.0
14. Letters of credit (L).....	.0	.0	.0	.0	.0
15. Trust agreements (T).....	.0	.0	.0	.0	.0
16. Other (O).....	.0	.0	.0	.0	.0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....	.0	.0	.0	.XXX	.XXX
18. Funds deposited by and withheld from (F).....	.0	.0	.0	.XXX	.XXX
19. Letters of credit (L).....	.0	.0	.0	.XXX	.XXX
20. Trust agreements (T).....	.0	.0	.0	.XXX	.XXX
21. Other (O).....	.0	.0	.0	.XXX	.XXX

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	386,122,419		386,122,419
2. Accident and health premiums due and unpaid (Line 15).....	57,578,320		57,578,320
3. Amounts recoverable from reinsurers (Line 16.1).....	2,156,034		2,156,034
4. Net credit for ceded reinsurance.....	XXX	2,156,034	2,156,034
5. All other admitted assets (Balance).....	76,766,470		76,766,470
6. Total assets (Line 28)	522,623,243	2,156,034	524,779,277
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	287,236,907	0	287,236,907
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	0		0
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	23,677,149		23,677,149
15. Total liabilities (Line 24).....	310,914,056	0	310,914,056
16. Total capital and surplus (Line 33).....	211,709,187	XXX	211,709,187
17. Total liabilities, capital and surplus (Line 34)	522,623,243	0	522,623,243
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	0		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	2,156,034		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	2,156,034		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	0		
31. Total net credit for ceded reinsurance	2,156,034		

SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

States, Etc.		Direct Business Only					
		1	2	3	4	5	6
		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama	AL						.0
2. Alaska	AK						.0
3. Arizona	AZ						.0
4. Arkansas	AR						.0
5. California	CA						.0
6. Colorado	CO						.0
7. Connecticut	CT						.0
8. Delaware	DE						.0
9. District of Columbia	DC						.0
10. Florida	FL						.0
11. Georgia	GA						.0
12. Hawaii	HI						.0
13. Idaho	ID						.0
14. Illinois	IL						.0
15. Indiana	IN						.0
16. Iowa	IA						.0
17. Kansas	KS						.0
18. Kentucky	KY						.0
19. Louisiana	LA						.0
20. Maine	ME						.0
21. Maryland	MD						.0
22. Massachusetts	MA						.0
23. Michigan	MI						.0
24. Minnesota	MN						.0
25. Mississippi	MS						.0
26. Missouri	MO						.0
27. Montana	MT						.0
28. Nebraska	NE						.0
29. Nevada	NV						.0
30. New Hampshire	NH						.0
31. New Jersey	NJ						.0
32. New Mexico	NM						.0
33. New York	NY						.0
34. North Carolina	NC						.0
35. North Dakota	ND						.0
36. Ohio	OH						.0
37. Oklahoma	OK						.0
38. Oregon	OR						.0
39. Pennsylvania	PA						.0
40. Rhode Island	RI						.0
41. South Carolina	SC						.0
42. South Dakota	SD						.0
43. Tennessee	TN						.0
44. Texas	TX						.0
45. Utah	UT						.0
46. Vermont	VT						.0
47. Virginia	VA						.0
48. Washington	WA						.0
49. West Virginia	WV						.0
50. Wisconsin	WI						.0
51. Wyoming	WY						.0
52. American Samoa	AS						.0
53. Guam	GU						.0
54. Puerto Rico	PR						.0
55. US Virgin Islands	VI						.0
56. Northern Mariana Islands	MP						.0
57. Canada	CAN						.0
58. Aggregate Other Alien	OT						.0
59. Totals		0	0	0	0	0	0

NONE

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare Health Insurance Company of Kentucky, Inc.

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
01199.....	WellCare Health Plans Inc.....	95310.....	14-1647239.....				WellCare of Connecticut Inc.....	CT.....	IA.....	WellCare of New York, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	95081.....	59-2583622.....				WellCare of Florida Inc.....	FL.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	59-3547616.....				Comprehensive Health Management Inc.....	FL.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	14-1647239.....				The WellCare Management Group, Inc.....	NY.....	UDP.....	WCG Health Management, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	95534.....	14-1676443.....				WellCare of New York Inc.....	NY.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	20-3320236.....				Harmony Behavioral Health Inc.....	FL.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	11229.....	36-4050495.....				Harmony Health Plan of Illinois Inc.....	IL.....	IA.....	Harmony Health Systems, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	12194.....	90-0247713.....				WellCare of Louisiana Inc.....	LA.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	22-3391045.....				Harmony Health Systems Inc.....	IL.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	36-4467676.....				Harmony Health Management Inc.....	IL.....	NIA.....	Harmony Health Systems, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	47-0937650.....			NYSE	WellCare Health Plans Inc.....	FL.....	UIP.....	Shareholders.....		0.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	04-3669698.....				WCG Health Management Inc.....	FL.....	UIP.....	WellCare Health Plans, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	10760.....	20-2103320.....				WellCare of Georgia Inc.....	GA.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	98-0448921.....				Comprehensive Reinsurance Ltd.....	CYM.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	10155.....	20-2383134.....				WellCare Prescription Insurance Inc.....	FL.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	12749.....	20-3562146.....				WellCare of Ohio Inc.....	OH.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	20-3262322.....				Harmony Behavioral Health IPA Inc.....	NY.....	NIA.....	Harmony Behavioral Health, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	20-4869374.....				WellCare Pharmacy Benefits Management In.....	DE.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	83445.....	86-0269558.....				WellCare Health Insurance of Arizona Inc.....	AZ.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	64467.....	36-6069295.....				WellCare Health Insurance Company of Kentucky Inc.....	KY.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	12956.....	11-3197523.....				WellCare Health Insurance of New York Inc.....	NY.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	13020.....	20-8017319.....				WellCare Health Plans of New Jersey Inc.....	NJ.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	12964.....	20-8058761.....				WellCare of Texas Inc.....	TX.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	20-8420512.....				Exactus Pharmacy Solutions, Inc.....	DE.....	NIA.....	WellCare Pharmacy Benefits Management.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	0

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
01199.....	WellCare Health Plans Inc.....	00000.....	27-0386122.....				Ohana Health Plans, Inc.....	..HI.....	..IA.....	The WellCare Management Group, Inc.....	Ownership.....	.....100.0	WellCare Health Plans, Inc.....	......0
01199.....	WellCare Health Plans Inc.....	00000.....	27-4293249.....				WellCare Health Plans of California, Inc.....	..CA.....	..IA.....	The WellCare Management Group, Inc.....	Ownership.....	.....100.0	WellCare Health Plans, Inc.....	......0
01199.....	WellCare Health Plans Inc.....	14404.....	45-3617189.....				WellCare of Kansas, Inc.....	..KS.....	..IA.....	The WellCare Management Group, Inc.....	Ownership.....	.....100.0	WellCare Health Plans, Inc.....	......0
01199.....	WellCare Health Plans Inc.....	00000.....	45-5154364.....				WellCare Health Plans of Tennessee, Inc.....	..TN.....	..IA.....	The WellCare Management Group, Inc.....	Ownership.....	.....100.0	WellCare Health Plans, Inc.....	......0
01199.....	WellCare Health Plans Inc.....	00000.....	45-3236788.....				America's 1st Choice California Holdings, LLC.....	..FL.....	..NIA.....	The WellCare Management Group, Inc.....	Ownership.....	.....100.0	WellCare Health Plans, Inc.....	......0
01199.....	WellCare Health Plans Inc.....	00000.....	20-5327501.....				Easy Choice Health Plan, Inc.....	..CA.....	..IA.....	America's 1st Choice California Holdings, LLC.....	Ownership.....	.....100.0	WellCare Health Plans, Inc.....	......0
01199.....	WellCare Health Plans Inc.....	11775.....	32-0062883.....				WellCare of South Carolina, Inc.....	..SC.....	..IA.....	The WellCare Management Group, Inc.....	Ownership.....	.....100.0	WellCare Health Plans, Inc.....	......0
01199.....	WellCare Health Plans Inc.....	00000.....	46-2078909.....				WellCare of Nevada, Inc.....	..NV.....	..IA.....	The WellCare Management Group, Inc.....	Ownership.....	.....100.0	WellCare Health Plans, Inc.....	......0
01199.....	WellCare Health Plans Inc.....	12913.....	20-5862801.....				Missouri Care, Incorporated.....	..MO.....	..IA.....	The WellCare Management Group, Inc.....	Ownership.....	.....100.0	WellCare Health Plans, Inc.....	......0
01199.....	WellCare Health Plans Inc.....	00000.....	27-4212954.....				The WellCare Community Foundation.....	..DE.....	..NIA.....	WellCare Health Plans, Inc.....	Ownership.....	.....100.0	WellCare Health Plans, Inc.....	......0
01199.....	WellCare Health Plans Inc.....	00000.....	62-1832645.....				Windsor Health Group, Inc.....	..TN.....	..NIA.....	The WellCare Management Group, Inc.....	Ownership.....	.....100.0	WellCare Health Plans, Inc.....	......0
01199.....	WellCare Health Plans Inc.....	00000.....	62-1530448.....				Windsor Management Services, Inc.....	..TN.....	..NIA.....	Windsor Health Group, Inc.....	Ownership.....	.....100.0	WellCare Health Plans, Inc.....	......0
01199.....	WellCare Health Plans Inc.....	95792.....	62-1531881.....				Windsor Health Plans, Inc.....	..TN.....	..IA.....	Windsor Health Group, Inc.....	Ownership.....	.....100.0	WellCare Health Plans, Inc.....	......0
01199.....	WellCare Health Plans Inc.....	77399.....	13-1867829.....				Sterling Life Insurance Company.....	..IL.....	..IA.....	Windsor Health Group, Inc.....	Ownership.....	.....100.0	WellCare Health Plans, Inc.....	......0
01199.....	WellCare Health Plans Inc.....	00000.....	91-1500758.....				Olympic Health Management Systems, Inc.....	..WA.....	..NIA.....	Sterling Life Insurance Company.....	Ownership.....	.....100.0	WellCare Health Plans, Inc.....	......0
01199.....	WellCare Health Plans Inc.....	00000.....	91-1599329.....				Olympic Health Management Services, Inc.....	..WA.....	..NIA.....	Sterling Life Insurance Company.....	Ownership.....	.....100.0	WellCare Health Plans, Inc.....	......0
01199.....	WellCare Health Plans Inc.....	15510.....	47-0971481.....				WellCare Health Plans of Kentucky, Inc.....	..KY.....	..IA.....	The WellCare Management Group, Inc.....	Ownership.....100.0	WellCare Health Plans, Inc.....0

Asterisk	Explanation
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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING		Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	.....YES.....
2.	Will an actuarial opinion be filed by March 1?	.....YES.....
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	.....YES.....
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	.....YES.....
APRIL FILING		
5.	Will Management's Discussion and Analysis be filed by April 1?	.....YES.....
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	.....YES.....
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	.....YES.....
JUNE FILING		
8.	Will an audited financial report be filed by June 1?	.....YES.....
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	.....YES.....
AUGUST FILING		
10.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	.....YES.....

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING		
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	.....NO.....
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	.....NO.....
13.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	.....NO.....
14.	Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	.....SEE EXPLANATION.....
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
16.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	.....YES.....
18.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	.....SEE EXPLANATION.....
19.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	.....SEE EXPLANATION.....
20.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?	.....SEE EXPLANATION.....
APRIL FILING		
21.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	.....NO.....
22.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	.....NO.....
23.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	.....NO.....
24.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	.....YES.....
25.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	.....YES.....
AUGUST FILING		
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	.....YES.....

Explanation:

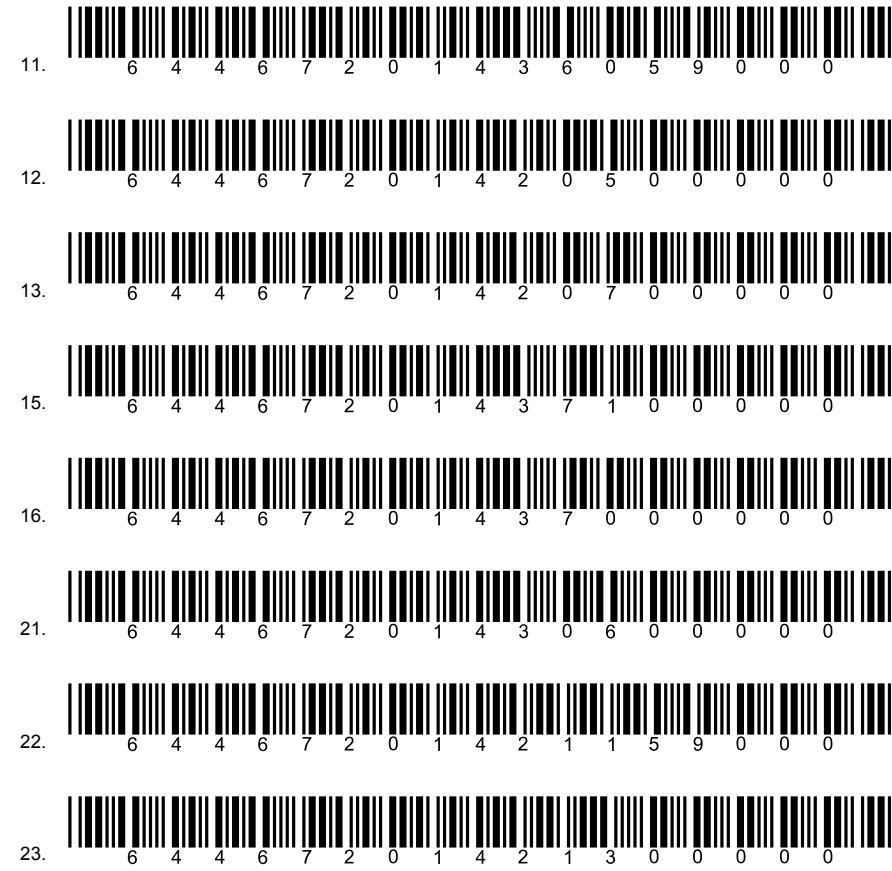
11. Business not written.
12. Business not written.
13. Business not written.
14. Not required.
15. Business not written.
16. Business not written.
18. No waiver required.
19. No waiver required.
20. No waiver required.
21. Business not written.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

22.

23. Business not written.

Bar code:



OVERFLOW PAGE FOR WRITE-INS

M002 Additional Aggregate Lines for Page 02 Line 25.
*ASSETS - Assets

	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 – 2)	Net Admitted Assets
2504. Deposits with providers.....	43,576	43,576	0	
2597. Summary of remaining write-ins for Line 25 from Page 2	43,576	43,576	0	0



SUPPLEMENT FOR THE YEAR 2014 OF THE WellCare Health Insurance Company of Kentucky, Inc.
MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)
(To Be Filed By March 1)

NAIC Group Code

01199

NAIC Company Code

64467

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage.....		XXX		XXX	.0
1.12 Without Reinsurance Coverage.....	.119,862,453	XXX		XXX	.119,862,453
1.13 Risk-Corridor Payment Adjustments.....	.9,529,023	XXX		XXX	.9,529,023
1.2 Supplemental Benefits.....		XXX		XXX	.0
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage		XXX		XXX	XXX
2.12 Without Reinsurance Coverage.....	.(43,340,502)	XXX		XXX	XXX
2.2 Supplemental Benefits.....		XXX		XXX	XXX
3. Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage.....		XXX		XXX	XXX
3.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
3.2 Supplemental Benefits.....		XXX		XXX	XXX
4. Risk-Corridor Payment Adjustments-change					
4.1 Receivable.....	.(2,669,812)	XXX		XXX	XXX
4.2 Payable.....		XXX		XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage.....		XXX		XXX	XXX
5.12 Without Reinsurance Coverage.....	.76,521,951	XXX		XXX	XXX
5.13 Risk-Corridor Payment Adjustments.....	.6,859,211	XXX		XXX	XXX
5.2 Supplemental Benefits		XXX		XXX	XXX
6. Total Premiums.....	83,381,162	XXX	0	XXX	129,391,476
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage.....		XXX		XXX	.0
7.12 Without Reinsurance Coverage.....	.79,822,568	XXX		XXX	.79,822,568
7.2 Supplemental Benefits.....		XXX		XXX	.0
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage		XXX		XXX	XXX
8.12 Without Reinsurance Coverage.....	.1,011,578	XXX		XXX	XXX
8.2 Supplemental Benefits.....		XXX		XXX	XXX
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage.....		XXX		XXX	XXX
9.12 Without Reinsurance Coverage.....	.9,171,072	XXX		XXX	XXX
9.2 Supplemental Benefits.....		XXX		XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage .....	.0	XXX	.0	XXX	XXX
10.12 Without Reinsurance Coverage.....	.71,663,074	XXX	.0	XXX	XXX
10.2 Supplemental Benefits.....	.0	XXX	.0	XXX	XXX
11. Total Claims	71,663,074	XXX	0	XXX	79,822,568
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid – Net To Reimbursements Applied.....	.XXX		.XXX		.0
12.2 Reimbursements Received but Not Applied-change.....	.XXX		.XXX		.0
12.3 Reimbursements Receivable-change .....	.XXX		.XXX		XXX
12.4 Health Care Receivables-change .....	.XXX		.XXX		XXX
13. Aggregate Policy Reserves-change					XXX
14. Expenses Paid.....	.9,369,825	XXX		XXX	.9,369,825
15. Expenses Incurred.....	.9,369,825	XXX		XXX	XXX
16. Underwriting Gain/Loss.....	.2,348,263	XXX	0	XXX	XXX
17. Cash Flow Result	XXX	XXX	XXX	XXX	40,199,083

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